

Congress of the United States
House of Representatives
Washington, DC 20515-2107
January 14, 2002

The Honorable Tommy G. Thompson
Secretary
United States Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Thompson:

According to a January 3, 2002 Washington Post article, HHS recently purchased 1 million adult doses and 600,000 children's doses of potassium iodide (KI) and plans to purchase another 5 million to 10 million doses in the coming year. As the author of language in H.R. 3448, the Public Health Security and Bioterrorism Security Act of 2001, concerning the timely distribution of potassium iodide to families affected by a nuclear accident or act of sabotage, I applaud your initiative in this area.

As you know, H.R. 3448 was passed by the House of Representatives on December 12, 2001 and I anticipate that this legislation will be signed into law early this year. It would require the HHS to establish stockpiles of potassium iodide within 20 miles of every nuclear power plant, to establish guidelines for its stockpiling, distribution, and utilization, and to inform States and local governments of the program. Your willingness to adopt a pro-active policy in this area to complement the legislation is very welcome.

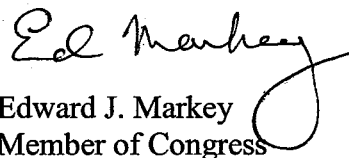
At the same time, the HHS initiative raises certain questions regarding how it will be administered, about differences between the HHS initiative and the legislation, and about coordinating the initiative with other agencies involved in potassium iodide distribution. For this reason, I would appreciate your assistance in answering a few questions I have about your office's plans for stockpiling and distribution of potassium iodide.

- 1) I understand that the Office of Emergency Preparedness (OEP) within HHS has put 600,000 doses of potassium iodide (KI) in a stockpile for the Capitol area region. Is this true?
 - a) If so, how was this number of doses arrived at? Is this number sufficient to cover all people that could be affected by a nuclear incident resulting in the release of a massive quantity of radioiodines? How many doses are allotted to each citizen and for how many days will this protection last? Please provide a copy of documents the OEP used to establish these policies.
 - b) If not, what is the plan to protect people within the Capitol area in the event of a major release of radioactive iodine from Calvert Cliffs Nuclear Power Plant?
- 2) Administration of potassium iodide must begin within a few hours of exposure since its effectiveness at blocking thyroid uptake of radioactive iodine drops to 50% after only four hours. Please describe the plan for stockpiling and distribution of KI to people in the Capitol area.
 - a) Where would the stockpiles be stored?

- b) How would the doses be distributed in the event of an accident at or attack on a nuclear facility in the Capitol area? How does your distribution plan ensure that people will receive their potassium iodide no later than four hours after exposure?
- 3) In addition, I am interested in OEP's plan for national distribution of the millions of doses referred to in the Washington Post article.
- a) This number of doses will protect how many citizens within what radius of each nuclear power plant across the country? What data is OEP using to establish this radius or this number of doses? Please provide a copy of documents the OEP used to establish these policies.
- b) Please describe the plan for stockpiling and distribution of KI to people around the country, including how you plan to ensure that individuals have access to the substance within four hours of a release of radioactivity. (See questions 2a and 2b above.)
- 4) Despite the fact that numerous federal agencies including FDA, NIH and FEMA have asserted that KI is a safe, effective, and inexpensive supplement to sheltering and evacuation, its value is not equally appreciated by all state or local public health officials. As you may know, last year the NRC announced its own program to pay for potassium iodide but this is contingent on a request from the states and little effort has been expended to publicize the program. Moreover, this agency has a 22-year history of first announcing then withdrawing support for stockpiling and distribution of potassium iodide. The decision of HHS to create a national stockpile of KI begs the question of whether a coordinated federal policy, that does not depend upon the will of an individual governor or the NRC, is finally at hand.
- a) I am interested in knowing whether you foresee any potential overlap or conflicts between the KI programs of HHS and the Nuclear Regulatory Commission. How does the HHS plan for stockpiling and distribution differ from that of NRC? Are there any potential conflicts or duplication of efforts? What steps will HHS take to ensure that the NRC upholds its policy?
- b) What steps will HHS take to ensure that local or state officials who disagree with the value of KI stockpiles uphold the national policy on stockpiling and distribution of KI?

I would very much appreciate an answer to these questions within 15 working days. While I understand that full and complete responses to many of these questions may involve classified or non-public information, I request that every effort be made to provide an unclassified response, with any classified information transmitted in a separate document. If you have any questions, please contact Dr. Kristen Kulinowski or Mr. Jeff Duncan in my office at 202-225-2836. Thank you.

Sincerely,


Edward J. Markey
Member of Congress